



Registration #: 7129621 Tax id #: 84-410-7302



eversign



ESIGN



95 Androvette Street
Staten Island, NY 10309

Phone: (718) 269-1176

APPROVED COLLISION CENTER

Date: _____ Claim #: _____

Name (Person in Charge): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Alt. Phone #: _____ Email: _____

Year: _____ Make: _____ Model: _____ Type: _____ Lic. Plate: _____

Vehicle Identification Number: _____ Color: _____

DESIGNATED REPRESENTATIVE AUTHORIZATION

I hereby authorize Pinnacle Auto Collision & Repair LLC. as my/our designated representative to reach and agreed price with the insurance company as to the reasonable cost to repair my/own vehicle. The designated authorization is in conformance with New York State Department Regulation No. 64

X _____

AUTHORIZATION FOR REPAIR

AS AGREED TO REPAIR FOR INSURANCE COMPANY PRICE ONLY AND PER SHOPS ESTIMATE TO OWNER OR PERSON IN CHARGE OF DAMAGED VEHICLE:

No Towing Company or Insurance Company may require that repairs be made to a motor vehicle in a particular place or repair shop. You have the right to have your motor vehicle repaired in the shop of your choice.

Owner/person in charge (Print) X _____
Signature

AUTHORIZATION TO INSPECT

I hereby authorize **Pinnacle Auto Collision & Repair LLC.** to dismantle my vehicle before Insurance Co. Inspection to see any hidden and related damage. **Pinnacle Auto Collision & Repair LLC.** reserves the right to exercise this agreement at any time.

X _____

DIRECTION OF PAYMENT

I hereby authorize / grant **Pinnacle Auto Collision & Repair LLC.** the power of attorney to charge / receive / endorse / sign my name to any documents / checks related to my vehicle.

X _____

DEPARTMENT OF MOTOR VEHICLES NOTIFICATION

I hereby authorize Pinnacle Auto Collision & Repair LLC. to charge storage and labor for the above vehicle, if the car is deemed a total loss or the repairs are stopped or rejected

X _____